								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO									10700799					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN		OR	OTHER SMALL		
TOTAL CLAIMS			W				I	RATE	<b>I</b>	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			70 minus 20=		*			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*			X43=			OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				l	+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	$\dashv$	31	OR	TOTAL		
CLAIMS AS AMENDED - PART II									701	•	OTHER	THAN		
	•	(Column 1)	(Colun				SMALL ENT		NTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		0. •	OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X43=	1		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT						Ī	+145=			OR	+290=		
TOTAL												TOTAL		
		Α	ODIT. FE	EL			ADDIT. FEE							
AMENDMENT B	(Column 1) CLAIMS		(Colun		ST		Г		Т	ADDI-	ſ		ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	L	RATE		FEE_		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	1		OR	X\$18=		
	Independent	*	Minus	***		=	ľ	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290 <u>÷</u>		
A)								TOTA			OR,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	EST SER USLY	PRESENT EXTRA	ſ	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*,	Minus	**		=	T	X\$ 9=	1		OR	X\$18=		
	Independent	*	Minus	***		=	-	X43=	$\dagger$		. 1	X86=		
٦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
**If the entry in column 1 is less than the entry in column 2, write "0".in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												TOTAL ODIT. FEE		
. 1	he *Highest Num	ber Previously Paid	f For" (Total or	Independe	nt) is the	highest number (	foun	d in the a	appro	priate box	in <b>c</b> alı	ımn 1.		
										•				